

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
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50						
TOTAL IND.	4		4		4	
TOTAL DEP.	4	4	4	4	4	4
TOTAL CLAIMS	8	8	8	8	8	8

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			4		4	
TOTAL DEP.			4		4	
TOTAL CLAIMS			8		8	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy